

APPLICATION FOR NURSING HOME ADMINISTRATOR NATIONAL EXAMINATION

Return this completed form 30 days prior to exam date, with a check or Money Order for the application fee of \$25, (payable to NHAP) to the following address:

Nursing Home Administrator Program
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

PRINT OR TYPE

APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER *
MAILING ADDRESS (Number)	(Street)	WORK TELEPHONE NUMBER ()	
(City)	(County)	(State)	(Zip Code)
HOME TELEPHONE NUMBER ()			
E-MAIL ADDRESS	DRIVER LICENSE NUMBER		DATE OF BIRTH

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code section 17520, subdivision (d), the Department of Health Services (DHS) is required to collect social security numbers from all applicants for nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by DHS for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

Have you ever pled guilty or nolo contendere to, or been convicted of any crime (other than minor traffic violations)? ☐ YES ☐ NO

IF THE ANSWER TO THIS QUESTION IS YES, EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. PROVIDE CERTIFIED COPIES OF ARREST REPORT AND COURT DOCUMENTS THAT INCLUDE THE FOLLOWING AS APPLICABLE: CRIMINAL COMPLAINT, PLEA AND JUDGEMENT, AND PROBATION REPORT. IF THESE RECORDS HAVE BEEN DESTROYED, THE PROGRAM REQUIRES A SIGNED STATEMENT TO THAT FACT ON AGENCY LETTERHEAD, FROM THE AGENCY YOU ARE REQUESTING RECORDS. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU.

☐ Do you require a special accommodation? If so, please submit the Special Accommodation Form with this application.

☐ I am enclosing a check or money order in the amount of

\$

AN APPLICANT'S ELIGIBILITY FOR LICENSURE SHALL BE DEPENDENT ON SUCCESSFUL COMPLETION OF THE NATIONAL AND STATE EXAMINATIONS.

CITIZENSHIP (Health and Safety Code 1416.22(a))

(a) Are you a United States Citizen? ☐ YES ☐ NO

(b) Are you a Legal Resident? ☐ YES ☐ NO

(c) Are you at least 18 years of age or older? ☐ YES ☐ NO

FAMILY SUPPORT

In accordance with the Welfare and Institution Code Section 11350.6, applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order, order for spousal support or alimony repayment obligation. Failure to certify may result in disciplinary or adverse action, and making a false statement may subject the licensee to denial or revocation of license.

You **must** check one of the following:

☐ I am not more than ____ days delinquent in complying with a child support order/order for spousal support or alimony/educational loan repayment obligation.

☐ I am more than ____ days delinquent in complying with a child support order/order for spousal support or alimony/educational loan repayment obligation.

☐ I am current in compliance with a family support order.

☐ I am not currently under any child or family support order repayment obligation.

** CERTIFICATION—IMPORTANT—PLEASE READ BEFORE SIGNING—If not signed, this application may be rejected. **

I certify under penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in denial of this examination application with the Nursing Home Administrator Program. I understand that if I fail to appear for the examination as scheduled, the fees are non-refundable and will be forfeited.

APPLICANT'S SIGNATURE **

DATE SIGNED **

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR NHAP USE ONLY

FOR NHAP OFFICE USE ONLY	
CASH. #	STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Denied <input type="checkbox"/> Additional Training
NHAP INITIALS	<input type="checkbox"/> Attempt 1 <input type="checkbox"/> Attempt 3
AMOUNT	<input type="checkbox"/> Attempt 2 <input type="checkbox"/> Exam Candidate #
	STAFF DATE PROCESSED

